

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38731

FILED
May 01, 2009
Secretary of State

Entity Name: HOPE LUTHERAN CHURCH, INC. OF SATSUMA, FLORIDA

Current Principal Place of Business:

273 COUNTY ROAD 309
SATSUMA, FL 32189

New Principal Place of Business:

Current Mailing Address:

PO BOX 132
SATSUMA, FL 32189

New Mailing Address:

273 COUNTY ROAD 309
SATSUMA, FL 32189

FEI Number: 59-2985902 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PETERSON, JEROME
128 MOCKINGBIRD LANE
PO BOX #75
GEORGETOWN, FL 32139 US

Name and Address of New Registered Agent:

PETERSON, JEROME
128 MOCKINGBIRD LANE
GEORGETOWN, FL 32139 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

05/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TIETQE, JACK
Address: 264 HESS ROAD
City-St-Zip: GEORGETOWN, FL 32139 US

Title: VP () Delete
Name: PETERSON, JEROME
Address: 128 MOCKINGBIRD LANE
City-St-Zip: GEORGETOWN, FL 32139 US

Title: S () Delete
Name: MARILYN, COOPER
Address: 492 LAKE COMO DIRVE BOX 548
City-St-Zip: LAKE COMO, FL 32189 US

Title: T () Delete
Name: MAGNUSON, PATRICIA
Address: 1162 COUNTY ROAD 309
City-St-Zip: CRESCENT CITY, FL 32112 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA MAGNUSON

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05/01/2009

Electronic Signature of Signing Officer or Director

Date